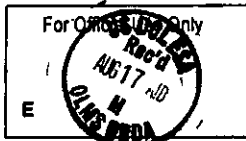


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9022</u>	2 Fiscal Year Covered From <u>1/1/04</u> Through <u>12/31/04</u>
3 Name and address of person filing Name <u>AUGUSTO V ROSA</u> P O Box Bldg Room No if any _____ Street <u>216 N 6TH AVE</u> City <u>MT VERNON</u> State <u>N.Y.</u> ZIP Code + 4 <u>10554</u>	4 Name file number and address of labor organization Name <u>LABOR'S LOCAL 60</u> Labor Organization File Number <u>034-958</u> P O Box Building and Room Number If any _____ Street <u>140 BROADWAY</u> City <u>HOWTHORN</u> State <u>N.Y.</u> ZIP Code + 4 <u>10532</u>
5 Position in labor organization <u>USE PRESIDENT TRAINING DIR.</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7 a Nature of Interest Transaction or Income _____ 7 b Amount _____

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

Augusto V. Rosa

On

Aug 10 - 05

Date

214 7690300

Telephone Number

Name of Person Filing <u>Augusto V ROSA</u>	File Number U
---	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name <u>LOCAL 60 BEN FUNDS</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>140 BROADWAY.</u></p> <p>City <u>HOWTHORN</u></p> <p>State <u>N.Y.</u> ZIP Code + 4 <u>10554</u></p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>SAKE AS ABOVE</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>PROVID BEN TO LOCAL 60 MEMBERS</u></p>
<p>11 b Approximate dollar value of such dealing <u>N. A.</u></p>	<p>12 a Nature of interest held or income received</p> <p><u>ALL EDUCATION CONF REGISTRATION</u> <u>TRAVEL HOTEL MEALS</u></p>
<p>12 b Amount <u>2085.00</u></p>	

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14 a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>